

secondary haemorrhage. None of the last seventeen operations were complicated by any type of haemorrhage.

Conclusion: Collation of one's own complication rates allows reflective learning and demonstrates integrity, ultimately allowing a junior surgeon to improve their own performance against objective standards. Primary and secondary haemorrhage rates are easily collectable. The author would encourage junior surgeons to collect their own complication rates from operations at the outset, thus helping them to improve their own abilities throughout training.

1134: AN EVALUATION OF ORTHOPAEDIC RESEARCH PUBLICATIONS BETWEEN 2007-2011 FROM THE NORTHERN DEANERY HOSPITAL TRUSTS
Fraser Gould, Jonathan Kent, William Manning, Mike Reed. *Cumberland Infirmary, Carlisle, UK.*

Background: It is important for orthopaedic trainees to improve their academic prowess through the process of journal publication.

Method: As trainees rotate frequently, this study was designed to assess contribution throughout Northern Deanery hospital trusts. We hypothesised that trainee publications would have current trainers as senior author. Publication databases were interrogated to obtain trainer publications over a 5-year period, and examined for publishing journal, seniority of authorship and theme of topic. Five-year impact factors were recorded. Results were anonymised.

Results: 66 trainees are split amongst 87 trainers in 8 trusts. Over the study period, 335 journal articles in total were associated with trainers, 109 as Senior Author, and 33 E-publications. The mean impact factor for paper publications was 3.0. There was considerable variation when looking at Senior Author publications per trainer (Range 0 – 41), and Trust impact factor average (Range 1.41 – 4.17). The most frequent topic published was Arthroplasty, and publishing journal JBJS Br.

Conclusion: The Northern Deanery is academically active, but there is considerable variation throughout hospital trusts. This study is not without limitation, but does give an indication of academic productivity for deanery trainees. It could be used for trust audit, or expanded to compare deaneries.

1154: LAPAROSCOPIC INGUINAL HERNIA REPAIR (TAPP) – 4 YEARS DATA OF PATIENT'S OUTCOMES AND EXPERIENCE IN 201 CASES

Goher Rahbour, Shekar Rangiah, Omar Nugud. *Friarage District General Hospital, Northallerton, North Yorkshire, UK.*

Aim: To review the practice of a Consultant Surgeon and to compare with the ASGBI guidelines.

Method: Retrospective review of 201 patients from November 2008 to October 2012. Information was obtained through medical records, theatre diaries, discharge summaries and clinic letters.

Results: There were 185 males: average age 54.7 years (range 19–84.) and 16 females: average age 51.3 years (range 23–77). 15 patients were < 30 years, 53 patients: 30–50 years and 133 patients: >50 years. Right sided repair was performed in 96 cases, left: 84 and bilateral: 21 cases. Primary repair was performed in 189 cases and recurrent in 12 cases. Conversion in 13 cases: secondary to adhesion: 9, inadequate pneumoperitoneum: 4. Day case procedures were performed in 97.5%. 175 were followed up at 6–8 weeks. 142 / 175 patients had no post-operative complications. Haematoma was present in 12, wound infection: 11, persistent pain: 2, numbness: 2, urinary retention: 3, induration: 1, residual stitch: 2. There were no re-operation, in hospital mortality or recurrence in any of the patients.

Conclusion: This study has shown results to be better than those from the current available guidelines. The unit takes ST3 trainees and provides an excellent exposure and opportunity to perform laparoscopic hernia repairs safely.

1157: SURGICAL OPERATIVE EXPERIENCE AMONGST FOUNDATION YEAR ONE DOCTORS (FY1DS): A DEANERY WIDE PERSPECTIVE

Timothy Packer^{1,2,3,4}, Sylvia Yan^{1,2,3,4}, Sarah Lort^{1,2,3,4}, Graham King^{1,2,3,4}, Kamlesh Patel^{1,2,3,4}, Chris Smart^{1,2,3,4}. ¹Queen Elizabeth Hospital, Birmingham, UK; ²Heartlands Hospital, Birmingham, UK; ³City & Sandwell Trust, Birmingham, UK; ⁴New Cross Hospital, Wolverhampton, UK.

Introduction: FY1 may represent the only opportunity to gain surgical experience in the foundation programme yet there is no explicit

curriculum requirement for operative experience. Our aim was to audit this amongst FY1Ds.

Method: A questionnaire was given to all FY1Ds completing rotations in surgical specialties in 4 separate trusts.

Results: 55 FY1Ds responded (100%) representing 11 different surgical specialties. 24(45%) expressed a surgical interest. More elective experience was gained than emergency ($p=0.001$) and 81% of FY1Ds had been to theatre less than once a month or not at all (45%) for emergency cases (49%, 18% for elective). 80% of FY1Ds felt dedicated operative experience should be scheduled. 60% of trainees had no formal or informal surgical skills teaching during their placement. Confidence in surgical skills was low in procedures such as suturing (32%) and familiarity with laparoscopic camera (18%).

Male FY1Ds (51%) ($p=0.01$) and those showing interest in surgery ($p=0.06$) gained more operative experience, but hospital type ($p=0.14$) and opportunity level ($p=0.49$) did not increase experience.

Conclusion: Operative attendance was low even in those with a surgical interest. FY1Ds need scheduled mandatory theatre time to improve their training and to aid their career decision process.

1165: THE IMPACT OF THE SPECIALIST COLORECTAL SURGEONS IN MANAGEMENT OF EMERGENCY RIGHT COLON CANCER

Anwar Shahed¹, Omar A. Khan², Jim S. Khan², Amjad Parvaiz². ¹University of Southampton, Southampton, UK; ²Department of Surgery Queen Alexandra Hospital, Portsmouth, UK.

Aims: The purpose of this prospective study was to quantify the effect of sub-specialisation on outcomes following emergency right hemicolectomy for colon cancer.

Methods: A prospective study of all emergency right hemicolectomy, (defined as patients who underwent surgery within 24hr of admission for suspected perforating or perforated colonic cancer) between August 1999 and August 2009. The grade of operating surgeon and, any sub-specialty interest were noted and related to post-operative outcomes.

Results: A total of 92 cases of which 42 were performed by colorectal consultants, 52 by non-colorectal consultants or unsupervised trainees. The clinical characteristics are summarised below:

Factors including in-hospital mortality, primary anastomosis, anastomotic leak, overall post-operative and RO resection rates were reduced when surgery was performed by colorectal consultant as compared to non-colorectal consultants. Laparoscopic surgery is more likely to be performed by specialist colorectal surgeons (29%) as compared to non-colorectal consultants (2%) $p<0.01$. This is also associated with lower incidences of stoma formation ($p<0.01$).

Conclusions: Specialist colorectal surgeons have improved short-term clinical outcomes when performing emergency right hemicolectomy for obstructed or perforated cancers. These results have important implications for provision of an emergency general surgical service.

1197: TRAINEE AND TRAINER OPINION ON INCREASED REQUIREMENT OF WORKPLACE BASED ASSESSMENTS IN THE LONDON SCHOOL OF SURGERY

Harry R.F. Powell¹, Aimee N. Di Marco², Shakeel R. Saeed¹. ¹Royal National Throat, Nose and Ear Hospital, UCL Hospitals, London, UK; ²Imperial College, London, UK.

Aims: The London School of Surgery announced an increase in their annual minimum requirement of Speciality Trainee 'Workplace Based Assessments' (WBAs) from 40 to 80, to be enforced in 2013. In response, a survey was designed to ascertain trainee and trainer opinions.

Methods: The online survey, comprising 10 multiple-choice questions, was circulated by email.

Results: 255 (of 400 invited) trainee and 41 trainer responses were obtained. There was representation from all specialties and all 14 UK deaneries.

Regarding the increase in WBA requirement: 88% of trainees and 73% of trainers, thought that it would lead to a decrease in WBA quality; over 90% of trainers and 94% of trainees thought that it would not improve training or clinical competence; over 95% of both groups thought that it would not improve surgical skills and 92% of both thought that time would be better spent on other aspects of training and clinical care.